

# Eyestone Elementary

## NEW STUDENT PROFILE

The information provided will assist staff and teachers in identifying the best possible class placement for your child. Please identify areas of strengths as well as areas of potential growth for your child.  
(Feel free to use the back of this page if needed.)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child currently have, or have they previously needed, any services for the following?

<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Moderate Needs	<input type="checkbox"/> Counseling
<input type="checkbox"/> 504 Plan	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Title 1 Reading	<input type="checkbox"/> Title 1 Math	<input type="checkbox"/> IEP/Special Ed/Integrated Services
<input type="checkbox"/> Other (please explain): _____		

Tell us about your child's academic strengths and challenges:

Strengths:
Challenges:

Which best describes your child's ability level in these areas:

<u>Reading</u>			<u>Writing</u>			<u>Math</u>		
<input type="checkbox"/>	Above grade level	<input type="checkbox"/>	Above grade level	<input type="checkbox"/>	Above grade level			
<input type="checkbox"/>	At grade level	<input type="checkbox"/>	At grade level	<input type="checkbox"/>	At grade level			
<input type="checkbox"/>	Below grade level	<input type="checkbox"/>	Below grade level	<input type="checkbox"/>	Below grade level			

Describe your child's level of social / emotional development:
What type of learning environment do you feel best meets the needs of your child?
What does your child need from his / her teacher?
What does your child enjoy as extra-curricular activities?

**For Kindergarten Students Only**  
**Please select a schedule option for your child:**

Half-day (8:12 am – 11:06 am)       Full-day (8:12 am – 2:55 pm)

For Office Use Only

Recommended teacher placement: